



APPLICATION FOR DEATH BENEFITS

Form Approved
OMB Number 3206-0156

CIVIL SERVICE RETIREMENT SYSTEM

Section A - Information About the Deceased

1. Full name of deceased (<i>Last, first, middle</i>)		2. Date of birth (<i>Month, day, year</i>)	3. Date of death (<i>Month, day, year</i>)
4. Legal residence at time of death (<i>City, State</i>)		5. Social Security Number	6. CSA Number (<i>If applicable</i>)
7. Department or agency in which last employed, including bureau or		8. Location of last employment (<i>City, State</i>)	9. Date of final separation (<i>Mo, dy, yr</i>)
10a. Was the deceased applying for or receiving workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>			10b. OWCP Claim Number
11. Name of deceased's spouse at time of death			
12a. Name of deceased's spouses from all former marriages		12b. How did each marriage end? <input type="checkbox"/> Death <input type="checkbox"/> Divorce / Annulment	12c. Date marriage ended (<i>Mo, dy, yr</i>)
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce / Annulment	

Section B - Information About the Applicant

1. Full name of applicant (<i>Last, first, middle</i>)		2. Date of birth (<i>Month, day, year</i>)	3. Social Security Number
4a. Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		4b. What country are you a citizen of?	5. Relationship to deceased
6. Are you a widow or widower of the deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		Complete items 7-12 below	
7. Marriage performed by <input type="checkbox"/> Clergy/Justice of the Peace <input type="checkbox"/> Other (<i>Explain</i>)		8. Date of marriage (<i>Month, day, year</i>)	9. Place of marriage (<i>City, State</i>)
10. Were you married to the deceased more than once? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		10a. Date of prior marriage	10b. Date marriage ended
11. Have you married since the date given in item 3, Section A? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		11a. Date you married	
12a. Have you ever applied for a survivor annuity based on the Federal service of a deceased spouse other than the one named above in Section A 1? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/>		Complete items 12 b-e	
12b. Name of deceased former spouse	12c. Date of birth (<i>Mo, dy, yr</i>)	12d. Retirement system	12e. Claim Number

Section C - Information About the Deceased's Dependent Children

1. Are there any unmarried dependent children as defined in the instructions?									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Complete Section C <input type="checkbox"/> No <input checked="" type="checkbox"/> Go to Section D									
a.	b.	c. Age 18 or over						d. Child's relationship to deceased	e.
Name(s) of Unmarried Dependent Children (<i>List in order of birth</i>)	Date of Birth (<i>Month, day, year</i>)	Student	Disabled	Child of marriage at death	Child of previous marriage	Adopted Child	Stepchild	Child born out of wedlock	Social Security Number
2. Is there a child of the deceased not yet born?		<input type="checkbox"/> Yes			<input type="checkbox"/> No				

3. Do you <i>(the applicant)</i> have responsibility for all the children in Section C.1.?		
<input type="checkbox"/> Yes → Go to item C.4 <input type="checkbox"/> No → Complete a-c below		
a. Name and Address of Person Responsible	b. Name(s) of Children	c. Custodian's Relationship to Child
		<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other → Specify
		<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other → Specify

4. Has a legal guardian (other than any shown in C.3) been appointed for any child listed in C.1?	
<input type="checkbox"/> Yes → Complete a-b below <input type="checkbox"/> No → Go to Section D	
a. Name and Address of Legal Guardian	b. Name(s) of Children

Section D - Information About Other Heirs

List other relatives who can inherit from the deceased as explained in the instructions.

1. Full Name of Relative	2. Complete Address	3. Relationship to Deceased

Section E - Information About the Deceased's Estate

1. Has an executor or administrator been appointed by the court to settle the estate of the deceased?	2. Full name and address of executor or administrator <i>(Street, city, state, ZIP Code)</i>
<input type="checkbox"/> No → Go to 3 below <input type="checkbox"/> Yes →	

3. If an executor or administrator has not been court appointed, will one be appointed?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Section F - Active Military Service *(Complete ONLY if deceased was a Federal employee covered under the Civil Service Retirement System at the time of death AND if you are the surviving spouse)*

1. If the deceased performed active, honorable service in the Armed Forces or other uniform service as described in the instructions, complete 1a-d below and attach a copy of the discharge certificate or other certificate of active military service <i>(if available)</i> .				
a. Branch of Service	b. Serial Number	c. Dates of Active Duty		d. Last Grade or Rank
		From <i>(Mo, dy, yr)</i>	To <i>(Mo, dy, yr)</i>	

2. If any of the above listed service was performed after 12/31/56, was a deposit to the Retirement Fund made for the service?		<input type="checkbox"/> Yes <input type="checkbox"/> No → <i>(See instructions)</i> Complete and attach OPM 1519	
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3. Was the deceased receiving military retired pay at the time of death?	3.a Do you want the military service used to compute your Civil Service annuity?
<input type="checkbox"/> No → Go to Section G <input type="checkbox"/> Yes →	<input type="checkbox"/> No <input type="checkbox"/> Yes

Section G - Certification

I hereby certify that all statements made in this application are true to the best of my knowledge and that no evidence necessary to the settlement of this claim is withheld. I have read and understand all of the information provided in the instructions to this application.		
1. Signature of applicant named in Section B. <i>(Sign in ink; do not</i> 3. Telephone number <i>(including area code)</i> 4. Date	2. Mailing address	WARNING: Any intentional false or willfully misleading statement or response you provide in this application is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both. <i>(18 USC 1001)</i>